8300 Greensboro Dr. Suite 1200 Tysons, VA 22102 (703) 584-8678 WWW.FCCLAW.COM



June 22, 2018

Accepted / Filed

JUN 22 2018

Federal Communications Commission Office of the Secretary

DOCKET FILE COPY ORIGINAL

VIA HAND DELIVERY

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12th Street, S.W., Room TW-A306 Washington, DC 20554

Re: WT Docket No. 10-208

East Kentucky Network, LLC

FCC Form 690 Mobility Fund Phase I Annual Report

SAC(s): 268001, 268004, 268005, 268006, 268007, 268008, 268009, 268010, 268011, 268012, 268013, 268014, 268016, and 268017.

Dear Secretary Dortch:

Please find attached a copy of each FCC Form 690 Mobility Fund Phase I Annual Report ("FCC Form 690") submitted with the Universal Service Administrative Company (USAC) by East Kentucky Network, LLC pursuant to Section 54.1009 of the Commission's rules. Copies of the FCC Form 690 are also being submitted with the relevant state Commission.

A copy of this cover letter has been provided, which you are requested to date-stamp and return.

Sincerely,

Zust Je J Todd Slamowitz

Attachments

Na. of Capies rec'd O List ABCDE

		FCC Form
Mobility	Fund	Approved by OMB
	§54.1009 Annual Reporting	OMB 3060-1185
	lection Form	Avg. Burden Estimate per Respondent: 18 Hours
	Study Area Code	268001
	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Cindy McCarty
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6063391006 ext.
<039>	Contact Email: Email of the person identified in data line <030>	cmccarty@ekn.com
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N) <040>
	<041> Attach a description of the documents file	ed with the Form 481 reporting <041>
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting <042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	ver tribal lands? Yes or No)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Study Area Code	(050) Carri	ier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
Study Area Name	-010-	Churchy Assa Codo	268001		
			East Kentuck	y Network, LLC	
Gold Contact Name Person USAC should contact regarding this data Color	$\overline{}$		2018		
		Contact Name - Person USAC should contact regarding this	data Cindy McCart	у	
Reporting Carrier / Mobility Fund Phase 1 Winning Bidder		Contact Telephone Number - Number of person identified	in data line < 030 > 6063391006 e	xt	
Contact Information FCC Registration Number East Eventucky Network, 1LiC	<039>	Contact Email Address - Email Address of person identified	in data line <030> cmccarty@ekn	COM	
Contact Information FCC Registration Number East Eventucky Network, 1LiC	Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
Filing Carrier Name			001786607		
State Contact Information Fisher F			ast Kentucky Network, LLC		
113 Street Address (or PO Box) 301 Technology Trail					
1145 City					
State		30,000,000,000,000,000			
		City			
Contact Information		-			
Sex Number Soforpize25 mbuffmansekn.com			1642		
Contact Information If same as above, indicate in this box If same as ab	<117>	Telephone Number 6	063391164 ext.		
Contact Information if same as above, indicate in this box <120 Name (First, MI, Last, Suffix) <121 Filing Carrier Name <122 Street Address (or PO Box) <123 City <124 State <125 Zip-Code <126 Telephone Number <127 Fax Number Authorized Agent Information if no agent, indicate in this box <130 Name (First, MI, Last, Suffix) <131 Company <132 Street Address (or PO Box) <133 City <133 City <134 State <135 Zip-Code <136 Telephone Number <137 Street Address (or PO Box) <138 Street Address (or PO Box) <139 Street Address (or PO Box) <130 Street Address (or PO Box) <131 State <135 Zip-Code <136 Telephone Number <137 Fax Number	<118>	Fax Number 6	067912225		
if same as above, indicate in this box <120> Name (First, MI, Last, Suffix) <121> Filling Carrier Name <122> Street Address (or PO Box) 101 Technology Trail 112	<119>	Email Address	huffman@ekn.com		
<125> Zip-Code 41642 <126> Telephone Number 6063391164 ext. <127> Fax Number 6067912225 <128> Email Address mhuf fman@ekn.com Authorized Agent Information if no agent, indicate in this box \understand \unders	<120> <121> <122>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box)	ast Kentucky Network, LLC		
<125> Zip-Code 41642 <126> Telephone Number 6063391164 ext. <127> Fax Number 6067912225 <128> Email Address mhuf fman@ekn.com Authorized Agent Information if no agent, indicate in this box <130> Name (First, MI, Last, Suffix) <131> Company <132> Street Address (or PO Box) <133> City <134> State <135> Zip-Code <136> Telephone Number	<124>	State K	Y		
<126> Telephone Number <127> Fax Number <128> Email Address Multfman@ekn.com Authorized Agent Information if no agent, indicate in this box <130> Name (First, MI, Last, Suffix) <131> Company <132> Street Address (or PO Box) <133> City <134> State <135> Zip-Code <136> Telephone Number <137> Fax Number	<125>	Zip-Code 4	1642		
<127> Fax Number <128> Email Address Muthorized Agent Information if no agent, indicate in this box <130> Name (First, MI, Last, Suffix) <131> Company <132> Street Address (or PO Box) <133> City <134> State <135> Zip-Code <136> Telephone Number <137> Fax Number					
Authorized Agent Information if no agent, indicate in this box <130> Name (First, MI, Last, Suffix) <131> Company <132> Street Address (or PO Box) <133> City <134> State <135> Zip-Code <136> Telephone Number <137> Fax Number		-			
Authorized Agent Information if no agent, indicate in this box <130> Name (First, MI, Last, Suffix) <131> Company <132> Street Address (or PO Box) <133> City <134> State <135> Zip-Code <136> Telephone Number <137> Fax Number		_	· · · · · · · · · · · · · · · · · · ·		
if no agent, indicate in this box <130> Name (First, MI, Last, Suffix) <131> Company <132> Street Address (or PO Box) <133> City <134> State <135> Zip-Code <136> Telephone Number <137> Fax Number	\120>	Lillan Addless	IIII LIIIII ACAI. COM		
<131> Company <132> Street Address (or PO Box) <133> City <134> State <135> Zip-Code <136> Telephone Number <137> Fax Number	-	if no agent, indicate in this box			
<132> Street Address (or PO Box) <133> City <134> State <135> Zip-Code <136> Telephone Number <137> Fax Number	<130>	Name (First, MI, Last, Suffix)			
<133> City <134> State <135> Zip-Code <136> Telephone Number <137> Fax Number	<131>	Company			
<134> State <135> Zip-Code <136> Telephone Number <137> Fax Number	<132>	Street Address (or PO Box)			
<134> State <135> Zip-Code <136> Telephone Number <137> Fax Number	<133>	City			
<135> Zip-Code <136> Telephone Number <137> Fax Number					
<136> Telephone Number <137> Fax Number =					
<137> Fax Number					
		· —			
<138> Email Address					
	<138>	Email Address —			

	200 174 175 Fr. N	the second of the beautiful and the	And the second s
	2004/03/2003/2015		
	2.342.572.374	FCC Form 69	
In the second se	4473 330111 34	I CO I OITH OF	
(060) Coverage and Performance Report			
[[000] -0101-09-101-1-1-101-	March Control		
La contraction of the contractio	Selection of the select		
From the contract of the contr		Ap proved b	VUIVIO
	A STATE OF THE STATE OF	STATE OF STREET	
	A STATE OF THE STA		
l de la companya de		Commence of the Commence of th	THE ORDER SAME
	11 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1	LIMBLONTIN	l No. 3060-1185
	STATE OF THE PARTY		
	Charles and Park		Charles and the second second second
	G 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Page 3 of 8	
	the state of the said of		
538 - 10 10 10 10 10 10 10 10 10 10 10 10 10			

<010>	Study Area Code	268001
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year 01/2017 - 12/2017	

١	060_Coverage	and	Performance	Rep.zip		

Coverage and Performace attachments

State	County		Resident Population per Census Block	Resident Population Newly Reached by Service	Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage an Performanc is uploaded (Yes/no)
			(See attach	ned works	heet			
		 							

0	_	77
Percentage of Total	Percentage of Total	
Population Reached by	Road Miles covered	
Service	by Service	

(070) Urban Rate Comparability Cert	fication Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
	National Control of the Control of t	Page 4 of 8

<010>	Study Area Code	268001
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	Certification of Officer or Employ	ree as to Compliance with 47 CFR §54.1009	9(a)(4)			
certify that I am an officer or employee of form and in any attachments is accurate.	ertify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this ormand in any attachments is accurate.					
Name of Reporting Carrier: East	Kentucky Network, LLC					
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/21/2018			
Printed name of Authorized Officer:	Michael Huffman					
Fitle or position of Authorized Officer:	Financial Operations Director	r				
Telephone number of Authorized Officer:	6063391164 ext.					
Study Area Code of Reporting Carrier:	268001	Filing Due Date for this form: 07/02/2018				

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to autho	rize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
Leartify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting eporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authorize	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authoriz data provided by the reporting carrier; and, to the best of m	red to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on y knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agen	t:
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Name		268001 East Kentucky Network, LLC	
<015> <020>	Study Area Name Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this	s data	Cindy McCarty	
<035>	Contact Telephone Number - Number of person identified			
<039>	Contact Email Address - Email Address of person identified	030> cmccarty@ekn.com		
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves —			
<145>	Tribal Government Engagement Obligation	Name of Attached	i Document (.pdf)	
	Till About of the Africa Mea Mea	- Net Augliech	la) for	
	If your company serves Tribal lands, please select (Yes, No each of these boxes to confirm the status described on th PDF, on line 145, demonstrates coordination with the Trigovernment pursuant to § 54.1004 includes:	e attached	ne) 101	
			Select	
<146>	Needs assessment and deployment planning with a focus	s on Tribal	(Yes, No, Not Applicable)	
~1 <i>1</i> 75	Feasibility and sustainability planning;			
<147> <148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
	,			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes			

•

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	268001 East Kentucky Network, LLC
<015>	Study Area Name	2018
<020>	Program Year	Cindy McCarty
<030>	Contact Name - Person USAC should contact regarding this data	6063391006 ext.
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line 10502	CHICCALLY WEATH. COM
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2016
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	Project Status Description - Line 211.pdf
		(No. 11) of DDF stagehood
	6 of the Landson Box	{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	<u> </u>
<213>	Status of Network Deployment - Construction	<u> </u>
<214>	Status of Network Deployment - Deployment	- ' -
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	
<217>	Project Plan Status	
-240	Network will Support 3G/4G Mobile Service ?) 3G () 4G
<218>	METMOLK MILL SUPPORT SOLARO MODILE SELANCE :) 33 U 19

	200 V C
(101) Certification - Reporting Carrier Approved by OMB OMB Control No. 3060-1185	
Page 7 of 8	

<010>	Study Area Code	268001
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the report lest of my knowledge, the information I	ting carrier; my responsibilities include reported on this form and in any attach	ensuring the accuracy of the reporting requirements is accurate.	rements for Mobility Fund recipients; and, to the
Name of Reporting Carrier:	Kentucky Network, LLC		
ignature of Authorized Officer:	CERTIFIED ONLINE		Date 06/21/2018
Printed name of Authorized Officer:	Michael Huffman		
itle or position of Authorized Officer:	Financial Operations Director		
elephone number of Authorized Officer	60633911 64 ext.		
itudy Area Code of Reporting Carrier:	268001	Filing Due Date for this form: 07/02/2	2018

FCC Form 690
(102) Certification - Agent / Carrier
Approved by OMB
Approved by Onio
-1 10 Account
OMB Control No. 3060-1185
Page 8 of 8
Tage 8 OI 9

<010>	Study Area Code	268001
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

i certify that (Name of Agent)_ also certify that I am an officer of the reporting carrier; my r agent; and, to the best of my knowledge, the reports and da	is authorized to submit the information reported on behalf of the reporting carrier. responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized data provided to the authorized agent is accurate.			
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

Certification of Agent Author	Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier								
I, as agent for the reporting carrier, certify that I am autho reported herein based on data provided by the reporting c	rized to submit the reports for Mobility Fund recipients on be arrier; and, to the best of my knowledge, the information rep	chalf of the reporting carrier; I have provided the data ported herein is accurate.							
Name of Reporting Carrier:									
Name of Authorized Agent Firm:									
Signature of Authorized Agent or Employee of Agent:		Date:							
Name of Authorized Agent Employee:									
Title or position of Authorized Agent or Employee of Agent									
Telephone number of Authorized Agent or Employee of Ag	ent:								
Study Area Code of Reporting Carrier:	Filing Due Date for this form:								
	can be punished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001.	of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title							

Attachments

Š	(060)	 wa	rao		a d	Da	rfe)rm	an	re f	len	ort	
i	COOL	diam'r.		23.15	and deal	Mark.	200	202000	See and	\$20,500	33.50	Device	æ

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268001
<015>		East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>		01/2017 - 12/2017

Certify that Total Road Coverage and Performacne Road Miles Resident **Total Resident** Miles per Census covered per Population **Road Miles** Resident Population data is uploaded Newly Reached by Service per Census **Block Newly** Census Block Reached by Population per (yes/no) Block Reached Census Block Service Census Block State County Breathitt T21025920600 Yes 38.57 0.0 KY

> Percentage of Total Population Reached by Service

0			
ľ			

Percentage of Total Road Miles covered by Service

77	

FCC FORM 690

(060) COVERAGE AND PERFORMANCE REPORT

East Kentucky Network, LLC ("EKN") has already completed construction in this SAC, and the drive test data and associated coverage files are in its FCC Form 690 Payment Request 3, which was submitted prior to the reporting period for this SAC.

During the reporting period of January 1, 2017 through December 31, 2017, EKN had not constructed in any additional census blocks within the subject Census Tract for this SAC. Therefore, it did not complete any coverage/performance testing for this SAC during the reporting period of January 1, 2017 through December 31, 2017.

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC. ("CEKN") submits that there are no material updates to the Project Description associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its FCC Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no material updates with respect to network design, construction, deployment, maintenance, and budget associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

				FCC Form
Mobility	Fund			Approved by OMB
	§54.1009 Annual Reporting			OMB 3060-1185
	lection Form		Avg. Burde	n Estimate per Respondent: 18 Hours
<010>	Study Area Code	268004		
<015>	Study Area Name	East Kentucky Network, LLC		
<020>	Program Year	2018		
<030>	Contact Name: Person USAC should contact with questions about this data	Cindy McCarty		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6063391006 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cmccarty@ekn.com		
10 M M				
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N)	<040> 🔘	•
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
	Attach a description of the documents in	ac with the 1911 log repenting		
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or No}	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carri	er Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
			268004	
<010>	Study Area Code		East Kentucky Network, LLC	
<015>	Study Area Name		2018	
<020> <030>	Program Year Contact Name - Person USAC should contact regarding this	data	Cindy McCarty	
<035>	Contact Telephone Number - Number of person identified	in data line <030>	6063391006 ext.	
<039>	Contact Email Address - Email Address of person identified	l in data line <030>	cmccarty@ekn.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>		001786607		
<111>		ast Kentucky Netwo	ork, LLC	
<112>		ast Kentucky Netwo	ork, LLC	
	AANIMIE DIGGG CONTON	01 Technology Trai		
<113>	Ti-	vel		
<114>	City			
<115>	_	<u> </u>		
<116>		1642		
<117>	· -	063391164 ext.		
<118>	_	067912225		
<119>	Email Address	nhuffman@ekn.com		
<120> <121> <122> <123> <124> <126> <127>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number	cichael Huffman Cast Kentucky Netwo Ol Technology Tra- Evel Ev		
<128>	_	nhuffman@ekn.com		
<130> <131> <132> <133> <134> <135>	Company Street Address (or PO Box) City State Zip-Code			
<136>	·			
<137>				
<138>	Email Address			

(DEO) CO	verage and Performance Report	FCC Form 690
1000,00		Ap proved by OMB
		OMB Control No. 3060-1185
		Page 3 of 8
<010>	Study Area Code	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
1000-		

<140> Coverage and Performance Report Year 01/2017 - 12/2017

Percentage of Total

Population Reached by

Service

<039>

60 Coverage	and	Performance	Rep.zip		
00_0010145					

Coverage and Performace attachments

Contact Email Address - Email Address of person identified in data line <030> cmccarty@ekn.com

>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
	State	County		Resident Population per Census Block		Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance dat is uploaded (Yes/no)
									ļ — — —	
				(ee attach	ed works	<u>heet</u>			
	ļ							+		
	-	 	 							
		 								
						l		<u></u> _		

Percentage of Total

Road Miles covered

by Service

	The Reserve Control of the Asset of the Control
FCC Form 690	
Lilla, Cariffestion Compliance	
070) Urban Rate Comparability Certification Compilates Approved by OMI	
Abblosea of com-	
2-10 m	2000 110E
OMB Control No.	2000-1103
Page 4 of 8	March Control of the
	27112
Control of the Contro	

		268004
<010>	Study Area Code	East Kentucky Network, LLC
<015>	Study Area Name	2018
<020>	Program Year	
+020+	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<030>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<035>	Contact Telephone Number - Number of person identified in data line 1000	cmccarty@ekn.com
<039>	Contact Email Address - Email Address of person identified in data line <030>	CMCCGT 07 C W. T.

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	ertification of Officer or Employe			
certify that I am an officer or employee of orm and in any attachments is accurate.	the reporting carrier; my responsibilit	ies include ensuring compliance v	with 47 CFR §54.1009(a)	(4), the information reported on th
Name of Reporting Carrier: East	Kentucky Network, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/21/2018
Printed name of Authorized Officer:	Michael Huffman			
Fitle or position of Authorized Officer:	Financial Operations Director			
Telephone number of Authorized Officer:	6063391164 ext.			
Study Area Code of Reporting Carrier:	268004	Filing Due Date for this form:	07/02/2018	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize I certify that (Name of Agent) carrier. I also certify that I am an officer or employee of the repor authorized agent; and, to the best of my knowledge, the reports a	an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting ting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the and data provided to the authorized agent is accurate.
	nu data provided to the wasterness a
Name of Authorized Agent:	
Name of Reporting Carrier:	Date:
Signature of Authorized Officer or Employee:	
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
at Land Code of Deporting Carrier:	Filing Due Date for this form:
	ished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment er Title 18 of the United States Code, 18 U.S.C. § 1001.

	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am author data provided by the reporting carrier; and, to the best of r	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or y knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	Date:
Signature of Authorized Agent or Employee of Agent:	
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Age	it:
Children Code of Reporting Carrier	Filing Due Date for this form.
Persons willfully making false statements on this form ca	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment unde Title 18 of the United States Code, 18 U.S.C. § 1001.

080) Tribal	Lands Reporting		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code	268004	
<015>	Study Area Name	East Kentucky Network, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030:	cmccarty@ekn.com	
<142>	State		
<143>	County		
<144>	Tribal Land(s) on which ETC Serves		
<145>	Tribal Government Engagement Obligation Name of Attached Doo	sument (.pdf)	
	If your company serves Tribal lands, please select (Yes, No, Not Applicable) each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:	for	
<146>	Needs assessment and deployment planning with a focus on Tribal	Select (Yes, No, Not Applicable)	

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	(1es, 1to, 1tot Applicasie)
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
	Ministra A Managarata Access	
<010>	Study Area Code	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2015
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	Project Status Description - Line 211.pdf
		{Name of PDF attached}
.2125	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. Status of Network Deployment - Network Design	
<212>	Status of Network Deployment - Construction	
<213>	Status of Network Deployment - Deployment	
<214>	Status of Network Deployment - Deployment Status of Network Deployment - Maintenance	
<215>	Project Budget Status	√
<216> <217>	Project Plan Status	<i></i>
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

<218> Network will Support 3G/4G Mobile Service ?

Page 7 of 8

<010>	Study Area Code	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include best of my knowledge, the information reported on this form and in any attach	ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the ments is accurate.
Name of Reporting Carrier: East Kentucky Network, LLC	
signature of Authorized Officer: CERTIFIED ONLINE	Date 06/21/2018
rinted name of Authorized Officer: Michael Huffman	
itle or position of Authorized Officer: Financial Operations Director	
elephone number of Authorized Officer: 6063391164 ext.	
Study Area Code of Reporting Carrier: 268004	Filing Due Date for this form: 07/02/2018

06/18/2018

	200
FCC Form 690	0.00
i octom ozo	140
(DT) Contification - Agent I Carrier	18.14
LO2) Certification - Agent / Carrier Approved by OMB	
	200
OMB Control No. 3060-1185	2001
CIMB COULD NO. SHOPE TOO	8/21
	200
Page 8 of 8	200
rageoutu	

-010>	Study Area Code	268004
		East Kentucky Network, LLC
_<015>	Study Area Name	2018
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
-030>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<039>	Contact Linear Address Email: 155 51 Portion	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

	e an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting carrier. In the submit is authorized to submit the information reported on behalf of the reporting carrier. In the submit is accuracy of the data reporting requirements provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	Date:
Signature of Authorized Officer:	Date.
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
s. A. A Code of Bonorting Carrier	Filing Due Date for this form:
Persons willfully making false statements on this form c	can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier										
, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.										
Name of Reporting Carrier:										
Name of Authorized Agent Firm:	Data									
Signature of Authorized Agent or Employee of Agent:	Date:									
Name of Authorized Agent Employee:										
Title or position of Authorized Agent or Employee of Agent										
Telephone number of Authorized Agent or Employee of Ag										
Study Area Code of Reporting Carrier:	Filing Due Date for this form:									
Persons willfully making false statements on this form of	can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									

Attachments

v		c			•	14	N.	100	70	ĕ.	35	35	21.7		_	113	1.0	W	77		100	150	ъ.	-	90	52	10	di.	75	20
ı	и.	o	v		v	U	w	ж	E.	и	ξ¢	w	ш	н	u	78	Н	33	14	ш	ю	H	С	е		к	ж	к	п	Ŧ.
2	w,		30	C.	W.	á,	ðã.	40			0.8	55		82	55,		200		v-1				v.	iid.	330	2.7	100	20.	.52	-30

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year	01/2017 - 12/2017

<ai>></ai>		<a5></a5>	Resident Population per	Resident Population Newly Reached by Service	Total Resident Population Reached by	Road Miles	Road Miles per Census Block Newly	CG3> Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
State	Floyd	Census Block T21071920700	Census Block	by service	Service	Block	Reached		W-2,,
KY	,-	121071920700	0	0	0	38.14	0.0	35.47	Yes
	+			<u></u>		 			
	+							<u> </u>	
	1					 		ļ	
	1	1			1	İ			
	1			ļ	ļ	ļ			
		1			•				
	<u> </u>					1		 	1
				 					
				•		}			
					ļ				
								<u></u>	
				ļ					
	1								
	l			Ì					
				<u> </u>		_			1
			1						
		ļ	_						
			1					1	
	1		1	1					

Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

93		

FCC FORM 690

(060) COVERAGE AND PERFORMANCE REPORT

East Kentucky Network, LLC ("EKN") has already completed construction in this SAC, and the drive test data and associated coverage files are in its FCC Form 690 Payment Request 3, which was submitted prior to the reporting period for this SAC.

During the reporting period of January 1, 2017 through December 31, 2017, EKN had not constructed in any additional census blocks within the subject Census Tract for this SAC. Therefore, it did not complete any coverage/performance testing for this SAC during the reporting period of January 1, 2017 through December 31, 2017.

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC. ("CEKN") submits that there are no material updates to the Project Description associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its FCC Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no material updates with respect to network design, construction, deployment, maintenance, and budget associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

	Fund §54.1009 Annual Reporting lection Form		Avg. Burde	FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours
<010>	Study Area Code	268004		
<015>	Study Area Name	East Kentucky Network, LLC		
<020>	Program Year	2018		
<030>	Contact Name: Person USAC should contact with questions about this data	Cindy McCarty		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6063391006 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cmccarty@ekn.com		
<040>	Has the information required pursuant to §54.1009			•
	<041> Attach a description of the documents file <042> Cite the Study Area Code (SAC) for the For		<041>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		268004	
<015>	Study Area Name	-1	East Kentucky Network, LLC	-
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding		Cindy McCarty	<u> </u>
<035>	Contact Telephone Number - Number of person identi		6063391006 ext.	
<039>	Contact Email Address - Email Address of person ident	ified in data line <030>	cmccarty@ekn.com	Mr
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	0001786607		
<111>	Filing Carrier Name	East Kentucky Netwo	ork, LLC	
<112>	Winning Bidder Carrier Name	East Kentucky Netwo		
<113>	Street Address (or PO Box)	101 Technology Trai		
<114>	City	Ivel		-
<115>	State	-	·	An Ann
		КУ		
<116> <117>	Zip-Code Telephone Number	41642	·	
	·	6063391164 ext.		
<118> <119>	Fax Number Email Address	6067912225		
\113>	Linan Address	mhuffman@ekn.com		
<120> <121> <122> <122> <123> <124> <125> <126> <127> <128>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	Michael Huffman East Kentucky Netwo 101 Technology Trai Ivel KY 41642 6063391164 ext.		
1202	Ellian Address	mhuffman@ekn.com		
<130> <131> <132> <133> <134>	d Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box) City State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

(060) Coverage and Performance Report Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8

<010>	Study Area Code	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year 01/2017 - 12/2017	

O60_Coverage and Performance Rep.zip

Coverage and Performace attachments

<c2> <c3> <d> <b3> <c1> <a3> <b1> <b2> <a2> <141> Total Certify that Road Road Coverage and Miles Road Miles per Performance data covered **Total Resident** Miles Census Resident Block per is uploaded Population Resident Population per Newly Reached Reached by Census Newly Census (Yes/no) Population per by Service Reached Block Census Block Census Block Service Block State County -- See attached worksheet

Percentage of Total
Population Reached by
Service
Percentage of Total
Road Miles covered
by Service

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
(U/O) Urban Kate Comparability Certification Comparate	Approved by OMB
	OMB Control No. 3060-1185
	Page 4 of 8
	1 456 7 0.0

<010>	Study Area Code	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	ertification of Officer or Employe	ee as to Compliance with 47	CFR §54.1009(a)(4)
certify that I am an officer or employee of orm and in any attachments is accurate.	the reporting carrier; my responsibili	ies include ensuring compliance v	with 47 CFR §54.1009(a)(4), the information reported on th
Name of Reporting Carrier: East	Kentucky Network, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/21/2018
Printed name of Authorized Officer:	Michael Huffman		
Fitle or position of Authorized Officer:	Financial Operations Director		
Telephone number of Authorized Officer:	6063391164 ext.		
Study Area Code of Reporting Carrier:	268004	Filing Due Date for this form:	07/02/2018

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authoriz	te an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
	is authorized to submit the information reported on behalf of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
Name of Authorized Agent:	
Name of Reporting Carrier:	Date
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be pu	unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment nder Title 18 of the United States Code, 18 U.S.C. § 1001.

the data reported herein based on
Data
Date:

080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
				rage 2 or o
<010>	Study Area Code		268004	
<015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding thi		Cindy McCarty	
<035>	Contact Telephone Number - Number of person identified	l in data line <03	0> 6063391006 ext.	
<039>	Contact Email Address - Email Address of person identified	d in data line <0:	3U> cmccarty@ekn.com	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached D	accompant / mdf	
	•	Name oj Attachea D	ocument (.paj)	
	If your company serves Tribal lands, please select (Yes, No each of these boxes to confirm the status described on th PDF, on line 145, demonstrates coordination with the Tri	e attached	e) for	
	government pursuant to § 54.1004 includes:			
			Select	
<146>	Needs assessment and deployment planning with a focus	s on Tribal	(Yes, No, Not Applicable)	
4	community anchor institutions;		***************************************	
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
	Compliance with Environmental Review processes			

<153> Compliance with Cultural Preservation review processes
<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	
<015>	Study Area Name	268004 East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	The state of the s
<039>	Contact Email Address - Email Address of person identified in data line <030>	
		*
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2015
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210>	Actual Completion Date	
		Project Status Description - Line 211.pdf
<211>	Project Status Description (attached)	Troject Buttus Pescription Bine Biripar
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	1
<218>	Network will Support 3G/4G Mobile Service ?) 3G

	MARK - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	PARK TO THE RESERVE T
FCC Form	
(101) Certification - Reporting Carrier	
Hand bearing the state of the s	ALC: NAME OF THE OWNER,
L ADDITION A	d by OMB
The state of the s	
	ntrol No. 3060-1185
IMKLO	atroi No. Subu-Llos I
n7	
Page 7 of	

<010>	Study Area Code	268004		
<015>	Study Area Name	East Kentucky Network, LLC		
<020>	Program Year	2018		
	Contact Name - Person USAC should contact regarding this data	Cindy McCarty		
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.		
	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com		

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients							
certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.							
Name of Reporting Carrier:	entucky Network, LLC						
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/21/2018					
Printed name of Authorized Officer:	Michael Huffman						
Title or position of Authorized Officer:	Financial Operations Director	r					
Telephone number of Authorized Officer	6063391164 ext.						
Study Area Code of Reporting Carrier:	268004	Filing Due Date for this form: 07/02/2018					
	nents on this form can be punished by t under Title 1	fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 8 of the United States Code, 18 U.S.C. § 1001.					

06/18/2018 Page 7

(102) Certification - Agent / Carrier FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
--

<010>	Study Area Code	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccartv@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)_ also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on behalf of the reg esponsibilities include ensuring the accuracy of the data reporting requirements provided to the author ta provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of Re	porting Carrier
	orized to submit the reports for Mobility Fund recipients on behal carrier; and, to the best of my knowledge, the information report	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agen	t	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

100	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Performance	Damari

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year	01/2017 - 12/2017

<141>

ate	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
	Floyd	T21071920700	0	0	0	38.14	0.0	35.47	Yes
Y			-	<u> </u>					
	+								
	<u> </u>			ļ		 	_		
		1							
_	1		1						
	 			 		+		1	
								 	
									ļ
	-		 	1					
								 	-
				1					
					 				
	 								1
					<u> </u>			+	
								<u> </u>	
							İ	ļ	
			-		+				
								 	
	-								
				+					
	1							L	

Percentage of Total Population Reached by Service

О		
İ		

Percentage of Total Road Miles covered by Service

93		

FCC FORM 690

(060) COVERAGE AND PERFORMANCE REPORT

East Kentucky Network, LLC ("EKN") has already completed construction in this SAC, and the drive test data and associated coverage files are in its FCC Form 690 Payment Request 3, which was submitted prior to the reporting period for this SAC.

During the reporting period of January 1, 2017 through December 31, 2017, EKN had not constructed in any additional census blocks within the subject Census Tract for this SAC. Therefore, it did not complete any coverage/performance testing for this SAC during the reporting period of January 1, 2017 through December 31, 2017.

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC. ("CEKN") submits that there are no material updates to the Project Description associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its FCC Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no material updates with respect to network design, construction, deployment, maintenance, and budget associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

-				FCC Form
	rd			Approved by OMB
Mobility	§54.1009 Annual Reporting			OMB 3060-1185
			Avg. Burde	n Estimate per Respondent: 18 Hours
Data Col	ection Form			
<010>	Study Area Code	268005		
	Study Area Name	East Kentucky Network, LLC		
<020>	Program Year	2018		
<030>	Contact Name: Person USAC should contact with questions about this data	Cindy McCarty		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6063391006 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cmccarty@ekn.com		
			november of the design	
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N)	<040>	•
	<041> Attach a description of the documents fil		<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area con	ver tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
ر د010×	Study Area Code		268005	
<010> <015>	Study Area Code Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding thi	is data	Cindy McCarty	
<035>	Contact Telephone Number - Number of person identified	d in data line <030>	6063391006 ext.	
<039>	Contact Email Address - Email Address of person identified	ed in data line <030>	cmccarty@ekn.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	0001786607		
<111>	Filing Carrier Name	East Kentucky Netwo	ork, LLC	
<112>	_	East Kentucky Netwo		
<113>		101 Technology Trai		
<114>		Ivel		
	_	KY		
<115>	-			
<116>	- P	41642		*
<117>	_	6063391164 ext.		
<118> <119>	Fax Number Email Address	6067912225		
<113 <i>></i>	Ellali Address	mhuffman@ekn.com		
<u>Contact II</u> <120>	if same as above, indicate in this box Name (First, MI, Last, Suffix)	Michael Huffman		
<121>	Filing Carrier Name	East Kentucky Netwo	ork, LLC	
<122>	Street Address (or PO Box)	101 Technology Trai	11	
<123>	City	Ivel		
<124>	State	KY		
<125>	Zip-Code 4	41642		
<126>		6063391164 ext.		
<127>	- ·	6067912225		
<128>		mhuffman@ekn.com		-
1120		mild Palation Com		
Authorize	ad Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	-			
<136>				
<137>				
<138>	Email Address	 		

(060) Co	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	268005	
<015>	Study Area Name	East Kentucky Network, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com	
<140>	Coverage and Performance Report Year 01/2017 - 12/2017		
	060_Coverag	e and Performance Rep.zip	

Coverage and Performace attachments

Percentage of Total Population Reached by

Service

State	County			Resident Population Newly Reached by Service	Total Resident Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance is uploaded (Yes/no)
-	 								
						haat		<u> </u>	
	- 	 		See attach	lea works	neer		 	
								<u> </u>	
	-					 			
 		<u> </u>	 	 	 	 	-		

Percentage of Total

Road Miles covered by Service

(070) Urban Rate Comparability Certification	i Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8

<010>	Study Area Code	268005
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)					
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier: East	Kentucky Network, LLC				
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/21/2018		
Printed name of Authorized Officer:	Michael Huffman				
Fitle or position of Authorized Officer:	Financial Operations D	Director			
Telephone number of Authorized Officer:	6063391164 ext.				
Study Area Code of Reporting Carrier:	268005	Filing Due Date for this form: 07/02/2018	8		
Persons willfully making false statemen	•	by fine or forfeiture under the Communications Act of 1934, 4 e 18 of the United States Code, 18 U.S.C. § 1001.	17 U.S.C. §§ 502, 503(b), or fine or imprisonment		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to author	ize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier			
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting			
carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the				
authorized agent; and, to the best of my knowledge, the repo	ts and data provided to the authorized agent is accurate.			
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer or Employee:	Date:			
Printed name of Authorized Officer or Employee:				
Title or position of Authorized Officer or Employee:				
Telephone number of Authorized Officer or Employee:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

	nit the certification on behalf of the reporting carrier; I have provided the data reported herein based or				
tata provided by the reporting carrier, and to the best of my knowled	and the contract of the reporting contract provided the data reported herein data of				
and provided by the reporting carrier, and, to the best of my knowled	data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier:					
Name of Authorized Agent Firm:	Portion.				
Signature of Authorized Agent or Employee of Agent:	Date:				
Name of Authorized Agent Employee:					
Fitle or position of Authorized Agent or Employee of Agent					
Telephone number of Authorized Agent or Employee of Agent:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Telephone number of Authorized Agent or Employee of Agent:	Filing Due Date for this form:				

080) Triba	Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		268005	
<015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding th	nis data	Cindy McCarty	
<035>	Contact Telephone Number - Number of person identified	d in data line <030>	6063391006 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line 10502	_cmccarty@ekn.com	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Doc	ument (.pdf)	
	If your company serves Tribal lands, please select (Yes, I each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the T	the attached	for	
	government pursuant to § 54.1004 includes:	Γ	Select Yes, No, Not Applicable)	
	Needs assessment and deployment planning with a foo		· · ·	

community anchor institutions;

Feasibility and sustainability planning;

Compliance with Rights of way processes

Compliance with Facilities Siting rules

Marketing services in a culturally sensitive manner;

Compliance with Land Use permitting requirements

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

<147>

<148>

<149>

<150>

<151>

<152>

<153>

<154>

(090) Project	Update Information '	FCC Form 690 Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	268005
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2016
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	Project Status Description - Line 211.pdf
\211>	Troject status bescription (attaunes)	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	<u> </u>
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	<u> </u>
<215>	Status of Network Deployment - Maintenance	<u> </u>
<216>	Project Budget Status	<u>'</u>
<217>	Project Plan Status	
.04.0	Naturally will Support 2C/AC Mobile Service 2) 3G () 4G
<218>	Network will Support 3G/4G Mobile Service ?	7 30 🕒 40

(101) Certification - Reporting Carrier	FCC Form 690
AVA/CETIMENTON INSPECTOR	Approved by OMB OMB Control No. 3060-1185
	Page 7 of 8

	Study Area Code	268005 East Kentucky Network, LLC
<015> <020>	Study Area Name Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty 6063391006 ext.
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<039>	Contact Email Address - Email Address of person identified in data life 3000	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of C	Officer as to the Accuracy of the Da	ata Reported for Mobility Fund Recipie	nts
certify that I am an officer of the reporest of my knowledge, the information	rting carrier; my responsibilities include or reported on this form and in any attach	ensuring the accuracy of the reporting requirer ments is accurate.	ments for Mobility Fund recipients; and, to the
Name of Reporting Carrier:	Kentucky Network, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/21/2018
Printed name of Authorized Officer:	Michael Huffman		
Title or position of Authorized Officer:	Financial Operations Director		
Telephone number of Authorized Office	er: 6063391164 ext.		
itudy Area Code of Reporting Carrier: Persons willfully making false stat	268005	Filing Due Date for this form: 07/02/20	

e punished by fine or forfeiture under the Communications A under Title 18 of the United States Code, 18 U.S.C. § 1001.

OMB Control No. 3060-1185 Page 8 of 8	(102) Certification - Agent / Carrier		
--	---------------------------------------	--	--

<010>	Study Area Code	268005
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrials certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.						
Name of Authorized Agent:						
Name of Reporting Carrier:						
Signature of Authorized Officer:	Date:					
Printed name of Authorized Officer:						
Title or position of Authorized Officer:						
Telephone number of Authorized Officer:						
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					

vided the data
100
npris

Attachments

						nce		

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268005
<015>		East Kentucky Network, LLC
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>		01/2017 - 12/2017

tate	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
-	Floyd	T21071920900	0	0	0	8.28	0.0	7.37	Yes
Y	ļ			ļ ·		6.25	-	-	
	ļ					Ì			
_	 			<u> </u>					
	ļ							<u> </u>	
					1				
	-					+			
	1								
	1	 							
									
		j							
						<u> </u>			
							ļ	Ì	
		<u> </u>			 	<u> </u>			-
				1					
	1								
	<u> </u>			<u> </u>	<u> </u>	-			+
							ľ		. <u></u>
	+		 	 	 	+		 	
								<u> </u>	
					 			+	
		- 							
					 				
	+	-		+	+				

Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

89			

FCC FORM 690

(060) COVERAGE AND PERFORMANCE REPORT

East Kentucky Network, LLC ("EKN") has already completed construction in this SAC, and the drive test data and associated coverage files are in its FCC Form 690 Payment Request 3, which was submitted prior to the reporting period for this SAC.

During the reporting period of January 1, 2017 through December 31, 2017, EKN had not constructed in any additional census blocks within the subject Census Tract for this SAC. Therefore, it did not complete any coverage/performance testing for this SAC during the reporting period of January 1, 2017 through December 31, 2017.

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC. ("CEKN") submits that there are no material updates to the Project Description associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its FCC Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no material updates with respect to network design, construction, deployment, maintenance, and budget associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

FCC Form Approved by OMB **Mobility Fund** OMB 3060-1185 Phase 1 - §54.1009 Annual Reporting Avg. Burden Estimate per Respondent: 18 Hours **Data Collection Form** 268006 <010> Study Area Code East Kentucky Network, LLC <015> Study Area Name 2018 <020> Program Year <030> Contact Name: Person USAC should contact Cindy McCarty with questions about this data <035> Contact Telephone Number: 6063391006 ext. Number of the person identified in data line <030> <039> Contact Email: cmccarty@ekn.com Email of the person identified in data line <030> **(•)** <040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N) <040> <041> <041> Attach a description of the documents filed with the Form 481 reporting <042> Cite the Study Area Code (SAC) for the Form 481 reporting <042> <080> Tribal Lands Reporting (y/n?) (Does this study area cover tribal lands? Yes or No)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carri	er Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
			268006	
<010>	Study Area Code		East Kentucky Network, LLC	
<015>	Study Area Name		2018	
<020>	Program Year Contact Name - Person USAC should contact regarding th	nis data	Cindy McCarty	
<030> <035>	Contact Telephone Number - Number of person identifie	d in data line <030>	6063391006 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030>	cmccarty@ekn.com	
	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	0001786607		
<111>	Filing Carrier Name	East Kentucky Netwo	ork, LLC	
<112>	-	East Kentucky Netwo	ork, LLC	
		101 Technology Tra:		
<113>	Street Address (or 1 o Dony	Ivel		
<114>	city			
<115>		КА		
<116>	Zip code	41642		
<117>	Telephone Number	6063391164 ext.		
<118>	Fax Number	6067912225		
<119>	Email Address	mhuffman@ekn.com		
<120> <121> <122> <122> <123> <124>	Filing Carrier Name Street Address (or PO Box) City	Michael Huffman East Kentucky Netwood 101 Technology Tra Ivel KY		
<125>	Zip-Code	41642		
<126>	Telephone Number	6063391164 ext.		
<127>	Fax Number	6067912225		
<128>	Email Address	mhuffman@ekn.com		
Authoriz	ed Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>				
<132>	Street Address (or PO Box)			
<133>				
<134>				
<135>				
<136>				
<137>				
<138>	Email Address			

<010>	Study Area Code	268006	
(060) Cove	erage and Performance Report	Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8	
810.1. TVOG4.15474.12		FCC Form 690	

<010>	Study Area Code	268006
	Study Area Name	East Kentucky Network, LLC
<015>		2018
<020>	Program Year Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<030>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<035>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<039>	Contact Email Address - Email Address of person recruired in address	
<140>	Coverage and Performance Report Year 01/2017 - 12/2017	
<140>	Coverage and Performance Report Year 01/2017 - 12/2017	
	060 Coverag	e and Performance Rep.zip

	060_Coverage	and	Performance	Rep.zip	
C Devformace attachments					
Coverage and Performace attachments					

<c3> <d> <b1> <b2> <b3> <c1> <c2> <a2> <a3> <141> Total Certify that Road Road Miles Coverage and Miles per Road Performance data Total Resident | Miles Census covered Resident is uploaded Population Block per per Resident Population (Yes/no) Census Newly Reached Reached by Census Newly Population per Reached Block Block Census Block Census Block by Service Service State County -- See attached worksheet

	0		77
Percentage of Total Population Reached by Service		Percentage of Total Road Miles covered by Service	

<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	Certification of Officer or Employ	ee as to Compliance with 47	CFR §54.1009(a)(4)		
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formand in any attachments is accurate.					
Name of Reporting Carrier: East	Kentucky Network, LLC				
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/21/2018		
Printed name of Authorized Officer:	Michael Huffman				
Fitle or position of Authorized Officer:	Financial Operations Director	r			
Telephone number of Authorized Officer:	6063391164 ext.				
Study Area Code of Reporting Carrier:	268006	Filing Due Date for this form:	07/02/2018		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Contification of Officer or Employee to authorize	re an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
to the state of the second	is authorized to submit the information reported on behalf of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be p	unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment nder Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authoriz	zed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am author data provided by the reporting carrier; and, to the best of n	ized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on Ny knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Age	nt:
	Filing Due Date for this form:
Telephone number of Authorized Agent or Employee of Age Study Area Code of Reporting Carrier:	nt: Filing Due Date for this form: n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment un Title 18 of the United States Code, 18 U.S.C. § 1001.

980) Triba	l Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
-04.0-	Churchy Asson Code		268006	
<010>	Study Area Nama		East Kentucky Network, LLC	
<015>	Study Area Name		2018	
<020>	Program Year Contact Name - Person USAC should contact regarding this data		Cindy McCarty	
<030>	Contact Telephone Number - Number of person identified in data	a line <030>	6063391006 ext.	
<035> <039>	Contact Email Address - Email Address of person identified in dat	ta line <030>	cmccarty@ekn.com	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>		of Attached Docu	ment (.pdf)	
	If your company serves Tribal lands, please select (Yes, No, Not each of these boxes to confirm the status described on the atta PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:	Applicable) fo	or	
~1.4E\	Needs assessed and deployment planning with a focus on T		Select es, No, Not Applicable)	

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2016
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	Project Status Description - Line 211.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	1
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	<u> </u>
<213>	Status of Network Deployment - Construction	<u> </u>
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	<u> </u>
<216>	Project Budget Status	<u> </u>
<217>	Project Plan Status	<u>'</u>
<218>	Network will Support 3G/4G Mobile Service ?	3G (4G

	4747894289 3447383
(101) Certification - Reporting Carrier FCC Form 690	
Approved by OMB	
OMB Control No. 30	060_1185
	JUU 1102
Page 7 of 8	

<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients					
certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the person of the reporting requirements for Mobility Fund recipients; and, to the person of the reporting requirements for Mobility Fund recipients; and, to the person of the reporting requirements for Mobility Fund recipients; and, to the					
Name of Reporting Carrier: East Kentucky Network, LLC					
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/21/2018				
Printed name of Authorized Officer: Michael Huffman					
Title or position of Authorized Officer: Financial Operations	Director				
Telephone number of Authorized Officer: 6063391164 ext.					
Study Area Code of Reporting Carrier: 268006	Filing Due Date for this form: 07/02/2018				
	inished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment or ider Title 18 of the United States Code, 18 U.S.C. § 1001.				

06/19/2018 Page 7

		 · · · · · · · · · · · · · · · · · · ·		
Participation and contact the con-				ran rii kaa
/1021 Certifica	tion - Agent / Carrier			FCC Form 690
1-0-1-0-11100	Con Contract Contract			
100 CH 10				
2000 CAR SERVICE STATE OF THE				Approved by OMB
THE RESIDENCE AND A SECOND CONTRACTOR OF THE PERSON OF THE				CONTRACTOR OF THE CONTRACTOR O
			연락하는 것 같은 것 같은 것이 없는 사람들이 얼마나 살아내려면 하다면 하는데 말을 하는데 하는데	OMB Control No. 3060-1185
 C. S. S. W. C. S. C. S. S. S. S. S. S. S. S. S. S. S. S. S.				Onto Condiction Specialists
# 1 P C 2 P				[19] [18] [18] [18] [18] [18] [18] [18] [18
				Page 8 of 8

<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccartv@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and d	is authorized to submit the information reported on behalf of the esponsibilities include ensuring the accuracy of the data reporting requirements provided to the a ta provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Certification of Agent Author	orized to File for Mobility Fund Recipients on Behalf of R	eporting Carrier
	horized to submit the reports for Mobility Fund recipients on behi g carrier; and, to the best of my knowledge, the information repo	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
ignature of Authorized Agent or Employee of Agent:		Date:
lame of Authorized Agent Employee:		
Fitle or position of Authorized Agent or Employee of Age	nt	
Felephone number of Authorized Agent or Employee of	Agent:	
	Filing Due Date for this form:	

Attachments

	rage and Pei	
7.4		Contract of the second

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year	01/2017 - 12/2017

<a2> <a3> <bi> <bi> <bi> <ci> <c2> <c2> <c3> <d>< <a1> Certify that **Total Road** Coverage and Resident **Total Resident Road Miles** Miles Performacne Resident Population Population Road Miles per Census covered per data is uploaded Reached by Population per **Newly Reached** per Census **Block Newly** Census Block (yes/no) State County Census Block Census Block by Service Block Reached Service Harlan T21095970100 KY 0 0 32.32 Yes 41.98 0.0

> Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

77		

FCC FORM 690

(060) COVERAGE AND PERFORMANCE REPORT

East Kentucky Network, LLC ("EKN") has already completed construction in this SAC, and the drive test data and associated coverage files are in its FCC Form 690 Payment Request 3, which was submitted prior to the reporting period for this SAC.

During the reporting period of January 1, 2017 through December 31, 2017, EKN had not constructed in any additional census blocks within the subject Census Tract for this SAC. Therefore, it did not complete any coverage/performance testing for this SAC during the reporting period of January 1, 2017 through December 31, 2017.